

John Flynn <JFlynn@afphq.org> on 09/30/2010 05:43:26 PM

To:

"'2022190174@fec.gov'" <2022190174@fec.gov>

cc:

Subject: FEC Form 9

Attached please find FEC Form 9 filed on behalf of Americans for Prosperity.

Sincerely,

John Flynn

Executive Vice President and General Counsel Americans for Prosperity
Suite 350
2111 Wilson Blvd.
Arlington, VA 22201
(703) 224-3200 office
(703) 224-3201 facsimile
jflynn@afphq.org
www.AmericansForProsperity.org



FEC Form 9 - 9-30-10.pdf

## FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations				
	(a) Name Americans for Prosp	gen ty		
	(b) Address (number and street). Check if different	nt than previously reported	2.	FEC Identification Number
	Arlington VA 2226 (II) Name of Employer or Principal Place of Business		Occupation	THE PARTY OF THE P
	(ii) Name of Engloyer or Principal Place of Bosiness	(6)	NA	
•	New		09	24 2010
3.	Is This Statement Or	4. Covering Period	0 /	through
	Amended		09	29 2010
5.	(a) Date of Public Distribution(s) 09 2	9 20/0 (b) Comme	ınication Title	"AFP HOLT"
6.	The filer is a(n): (a) Individual (b) Uninc	corporated Organization (c)	Qualified Nonp	profit Corporation (11 CFR 114.10)
	(d) Corporation, Labor Organization or Qua	Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15		
	(e) Other, specify:			Addressibles of the control of the c
	If the filer is an individual, unincorporate were the disbursements made exclusive			
8.	Custodian of Records  (a) Name Steve Mullins			
	(b) Address (number and street) 2111 Wilson Blud, Su (c) City, State and ZIP Code	ite 350		
	(d) Name of Employer or Principal Place of Business	0]	) Occupation	Mariel Tombolistics (44) is College - Marie College (44) afficiently, of Min. 10 — July Co
	Americans for Prosperit		CFO	
9.	Total Donations This Statement	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-0-
10.	Total Disbursements/Obligations This Sta	atement	148	30.00
	Under penalty of perjury, I certify that this stateme	nt is true, correct and complete.	-1	
TYPE OF PRINT NAME OF PERSON COMPLETING FORM JOHN Flynn				Participation of the Control of the
	SIGNATURE Junty	0	ATE	30/10
	NOTE Submission of false, erroneous or incomplete	information may subject the person signing	this statement to th	ne penalties of 2 U.S.C. \$437g

丁	A.	Full Name of Donor			Date of Receipt
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		Mailing Address of Donor		Manager and the second	
					Amount
		City	State	Zip	
	В.	Full Name of Donor			Date of Receipt
- [					* * * *
		Mailing Address of Donor			Amount
		City	State	Zip	
		<del>v.,,</del>		<b>-</b> ∕ <b>r</b>	
	С	Full Name of Donor			
	•				Date of Receipt
		Mailing Address of Donor			
					Amount
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	D.	Full Name of Donor			Date of Receipt
					We want to the terms of the ter
		Mailing Address of Donor			Amount
		Olh.	State	71	Controller
		City	State	Zip	
	_	Salt Name of Day			
	Ŀ.	Full Name of Donor			Date of Receipt
		Mailing Address of Donor			- pr 3, c + , ,
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su	вто	OTAL of Donations This Page (opt	tional)	1	0-
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		(carry total from last page to Lin	ie 5)		

## List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

PAGE 2 OF

ers	son(s) Sharing/Exercising Control	
١.	(a) Name Tim Phillips	
	(b) Address (number and steel) Blud, Swite 350	
	(c) Cily, State and ZIP Code  /Trim(Ton, VA ZZZU)	
	AW Si Cans for Prosperity	(e) Occupation EPPCSident
3.	(a) Name Tohn Plynn	
	(b) Address (number and street) 2111 Wilson Blud., Suite 350	
	Arlington, VA 22201	
	AMEN' COSTS Tox Prospectity	Correctory / Treasurer
C.	(a) Namo Steve Mullins	- A
	(b) Address (number and street) 2M Wilson Blud, Svite 350	
	(c) City, State and ZIP Code ATINGTON, VA 7.7201	
	AMP à cas Try Principal Place of Business	(e) Occupation
<b>)</b> .	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZiP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
Ξ.	(a) Name	
	(b) Address (number and street)	All Control of the Co
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

	Date of Disbursement or Obligation
A. Full Name (Last, First, Middle Initial) of Payee	· ·
Mountaintop Media	09 24 2010
Mailing Address of Payee	Amount
	2,540 00
City State Zip Code	: 2,710 00
sparta NJ 0/8//	Communication Date
Name of Employer Occupation	09 29 2010
Purpose of Disbursement (Including tillo(s) of communication(s)) Paclement of Radio Spot "AFF Adler	Cherry Hill"
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:
John Adler Senate District: 03	Primary General
President	Other (specify)
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary General
Senate District:	Other (specify)
Name of Federal Candidate Office Sought: 17 House	Disbursement/Obligation For:
State:	Primary General
Senate District:	Other (specify)
President	tioning /
B. Full Name (Last. First, Middle Initial) of Payee	Date of Disbursement or Obtigation
Mountain top Media	09 24 2010
Mailing Address of Payer 578	Amount
City State Zip Code	1,390,00
500 da NA 07871	•
Name of Employer Occupation	Communication Date
	89 29 2010
Purpose of Disbursement (Including Ittle(s) of communication(s))	ms River"
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary X General
Senale District: 03	
Name of Federal Candidate  Office Sought: House	Disbursement/Obligation For:
State:	Primary General
Sonate District:	Other (specify)
Name of Federal Candidate  Office Sought:   House	Disbursement/Obligation For:
State:	Primary General
President District:	Other (specify)
Land 1 toolugh	The state of the s
SUBTOTAL of Disbursements/Obligations This Page (optional)	3,930 00
TOTAL This Period (last page this line number only)	<del>-</del> •
(carry total from last page to Line 10)	

A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation			
Mountain top Media	09 24 2010			
Mailing Address of Payee	Amount			
PO130X 578	i "			
City State Zip Code	5.670 00			
Sparta 143 0/8/1	Communication Date			
Name of Employer Occupation	09 29 2010			
Purpose of Disbursement (Including title(s) of communication(s)) Parament of Radio Spot - 4 Afficience				
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary X General			
Frank Pallone Senate District: D6	Other (specify)			
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:			
Senate District:	Other (specify)			
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:			
Senate   District:	Primary General			
President Obstitut.	Other (specify)			
B. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation			
Mountainty Media. Mailing Address of Payoe	09 24 2010			
PARM 578	Amount			
City State Zip Code	5 230.00			
Sparta NJ 07871	Communication Date			
Name of Employer Occupation	1 19 20 200			
	09 29 2010			
Purpose of Disbursement (Including lille(s) of communication(s)) Placement of Rack of Spot 4 APP Holt	1			
Namo of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:			
Ruch Holt Senate District:	Primary General			
President	Other (specify) ▶			
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:			
Senale District:	Other (specify)			
Name of Federal Candidate Office Sought: (**) House	Disbursement/Obligation For:			
State:	Primary   General			
President District:	Other (specify)			
<u></u>				
10900				
SUBTOTAL of Disbursements/Obligations This Page (optional)	1090000			
TOTAL This Period (last page this line number only)	1485000			
(seri) total from tast page to clife 10)				

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

The FEC added this page to the end of this filling to indicate now it was received.		
Hand Delivered	Date of Receipt	
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USPS Priority Mail	Postmarked	
Delivery Confirmation™ or Signature Confirma	tion™ Label	
USPS Express Mail	Postmarked	
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Next Business [	Day Delivery	
Received from House Records & Registration Office	Date of Receipt	
Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify): Email Date of Rec	eipt or Postmarked	
LA " Clial	1/30/2010	
(3/2005)	DATE PREPARED	